DEPARTMENT OF SOCIAL SERVICES 744 P Street, Sacramento, CA 95814

November 21, 1994

ALL-COUNTY LETTER NO. 94-100

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY TCC COORDINATORS

		2
Rea	son for this Transmittal	31.6
]	State Law Change Federal Law or Regulation Change	
]	Court Order Clarification Requested by	
X]	One or More Counties Initiated by CDSS	

SUBJECT: TRANSITIONAL CHILD CARE PROGRAM - FORMS REVISIONS

REFERENCE: Manual of Policies and Procedures (MPP) Section 47-100

This letter also contains information updating the AFDC Notice of

Action Handbook.

This letter transmits revised forms and Notices of Action (NOAs) for use in the Transitional Child Care (TCC) Program. These forms and NOAs were revised due to the conversion of the TCC Program onto the Statewide Automated Welfare System (SAWS) and to assist counties in complying with recent changes in the Federal reporting requirements for Title IV-A Child Care Programs. The forms and NOAs included in this letter replace those previously issued in All-County Letters and All-County Information Notices. All changes were reviewed by the Eligibility and Grant Technical Review Team (TRT), a sub-committee of the County Welfare Director's Association (CWDA).

ATTACHMENT I includes a summary of all of the TCC forms and provides photocopies of the English versions of the following forms:

- TCC 1 Application for Transitional Child Care (TCC) Benefits (Long Form)
- TCC 1A Application for Transitional Child Care (TCC) Benefits (Short Form)
- TCC 43 Request for Transitional Child Care (TCC) Payment
- TCC 85 Transitional Child Care (TCC) Status Report

These forms are currently being translated into the five standard languages and upon completion will be forwarded under separate cover by the Language Services Bureau.

ATTACHMENT II includes a summary of all TCC NOAs and provides photocopies of all of the NOAs and the NOA Messages.

To obtain a camera-ready copy of the English and/or Spanish versions of any forms and/or NOAs, telephone or write to:

CDSS Forms Management Unit 744 P Street, MS 7-182 Sacramento, CA 95814 (916) 657-1907/ATSS 437-1907

To obtain a camera-ready copy of the Cambodian, Chinese, Lao or Vietnamese translations of any forms and/or NOAs, telephone or write to:

CDSS Language Services Bureau 744 P Street, MS 9-024 Sacramento, CA 95814 (916) 654-1282/ATSS 464-1282

We remind counties that the TCC 1 and TCC 1A forms are required but substitutes are permitted with prior CDSS approval. The TCC 43 and TCC 85 are both recommended forms. We recommend counties begin using the enclosed TCC forms and NOAs no later than December 1, 1994 to ensure statewide conformity.

If you have any comments or questions, please contact Ms. Jan DeSilva of the Child Care Programs Section in the Employment Programs Bureau at (916) 654-1768.

MICHAEL C. GENEST

Deputy Director

Welfare Program Division

Enclosures

c: CWDA

ATTACHMENT I

SUMMARY OF THE TCC FORMS

The following is a list of all forms (including the most recent revision date) currently used in the TCC Program. However, this letter only includes copies of the TCC 1, TCC 1A, TCC 43, and TCC 85. To obtain copies of the other forms listed below, follow the instructions on Page 1 and 2 of this letter.

TCC 1	(6/94)	Application for Transitional Child Care (TCC) Coversheet and Application for Transitional Child Care (TCC) Benefits (Long Form)
TCC 1A	(6/94)	Application for Transitional Child Care (TCC) Coversheet and Application for Transitional Child Care (TCC) Benefits (Short Form)
TCC 11	(7/93)	You May Get Money To Help Pay Part of Your Child Care (TCC Stuffer)
TCC 12	(7/93)	Inter-County Transfer (ICT) Reminder - Recipient Moves To a New County
TCC 13	(7/93)	Do You Need Help Paying for Your Child Care? (TCC Information Sheet)
TCC 30	(11/91)	Transitional Child Care Worksheet
TCC 30A	(11/90)	Family Fee Computation Worksheet
TCC 43	(6/94)	Request for Transitional Child Care (TCC) Payment
TCC 83	(7/90)	Transitional Child Care (TCC) Repayment Agreement
TCC 84	(9/90)	Transitional Child Care (TCC) Overpayment Report
TCC 85	(6/94)	Transitional Child Care (TCC) Status Report
MC 176 7	MC/TCC (4/90)	Transitional Medi-Cal (TMC)/Transitional Child Care (TCC) Status Report (Quarterly)

The following is a summary of the changes to the TCC 1, TCC 1A, TCC 43 and TCC 85:

$\frac{\text{TCC}}{\text{TCC}} \; \frac{1}{\text{APPLICATION}} \; \frac{\text{FOR}}{\text{FOR}} \; \frac{\text{TRANSITIONAL}}{\text{TRANSITIONAL}} \; \frac{\text{CHILD}}{\text{CARE}} \; \frac{\text{(TCC)}}{\text{(TCC)}} \; \frac{\text{BENEFITS}}{\text{BENEFITS}} \; \frac{\text{(Long Form)}}{\text{(Short Form)}}$

- Both coversheets have been modified for clarity and accuracy.
- Item 2 on the TCC 1 and Item 1 on the TCC 1A have been expanded to request information about each child's care provider to allow counties determine both the payment limit and the amount of the family fee at the time of application.

- Item 5 on the TCC 1 and Item 3 on the TCC 1A have been expanded to request more complete information regarding the TCC family's earned income.
- Item 6 on the prior TCC 1 and Item 4 on the prior TCC 1A which asked information about health insurance coverage have been deleted because county staff indicated that though it was originally included for Transitional Medi-Cal purposes, the information provided was not being used. Additionally, this information is already requested on the Request for Transitional Medi-Cal (TMC) form.

TCC 43 - REQUEST FOR TRANSITIONAL CHILD CARE (TCC) PAYMENT

PART A - To be completed by the recipient:

- Item 2 has been expanded to allow more space to provide the number of hours worked per week.
- Item 3 has been inserted to determine whether the recipient is requesting to have his/her Family Fee refigured.
- Item 4 (formerly Item 3) has been expanded to request the child's birthdate to assist the worker when to change the rate ceiling due to a child turning 2 or 6 years old and to discontinue TCC benefits due to a child turning 13 years old. In addition, a column has been added to request the amount owed.
- Item 5 (formerly Item 4) has been modified because the information is provided directly by the child care provider in PART B.
- Item 6 has been inserted to determine whether the recipient is requesting an advance payment.
- Item 7 (formerly Item 5) has been modified for recipient understanding.
- Various elements under the recipient's Certification have been modified to increase program integrity and to be consistent with the certifications used in other Title IV-A child care programs.

PART B - To be completed by the child care provider:

- Items 1 4 have been expanded to request necessary information from the child care provider to assist counties in determining the provider's eligibility for payment, the appropriate rate ceiling, and the appropriate TCC payment. In addition, the requested information will assist counties to complete the Title IV-A Child Care Monthly Statistical Report, Form ACF 115, as required in All-County Letter (ACL) No. 94-52 dated June 21, 1994.
- Item 5 has been inserted to determine whether the recipient owes any family fees to the provider.

 Various elements of the provider's Certification has been modified to increase program integrity and to be consistent with the cerifications used in other Title IV-A child care programs.

TCC 85 - TRANSITIONAL CHILD CARE (TCC) STATUS REPORT

This Status Report was developed from the MC 176 TMC/TCC (4/90) which was a status report used for both the Transitional Medi-Cal (TMC) and Transitional Child Care (TCC) programs. Counties that are not administering their TMC and TCC programs from the same location have requested this separate TCC-specific form. If a county chooses not to use the MC 175 TMC/TCC form, the TCC 85 must be used to obtain the necessary information to redetermine the family fee amount during the last six months of TCC eligibility pursuant to the Manual of Policy and Procedures (MPP) Section 47-175.2.

APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS - COVERSHEET

WHAT IS TCC?

- TCC may help you pay most of your child care costs after you go off Aid to Families with Dependent Children (AFDC).
- You may get TCC for up to 12 months in a row beginning with the first month you become ineligible for AFDC.
- You must pay part of your child care costs which is called the Family Fee. It is based on the gross earnings of the TCC family members and the number of members in the family.
- IMPORTANT: The TCC family must pay for the Family Fee and any child care costs above the TCC limit. The TCC limit is based on the age of the child, the type of care, and whether care is provided full-time or part-time.
- You must have received AFDC three out of the last six months before you were ineligible for AFDC; and, AFDC must have stopped due to:
 - Increased earnings or hours of work.
- You must work and pay child care costs for a child under the age of 13 years, for a disabled child or child under court supervision who needs care.
- You can get TCC for a child in your home who gets Supplemental Security Income (SSI) or Foster Care.
- Your Family Fee will be refigured once after you get 6 months of TCC, unless you ask your worker to figure it again at another time.
- TCC cannot be paid if the provider is under 18 years old or is the parent, legal guardian, conservator or a member of the TCC family.

YOUR RIGHTS:

- To ask for TCC verbally; but a written request must be completed before payment can be made.
- To be told about your Rights and Responsibilities.
- To apply for TCC any month during the 12-months after you are ineligible for AFDC. You may apply by mail, but the County may ask you to come in.
- To be told in writing when your application is approved or denied or your benefits change or stop.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be at least 18 years of age and licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care is also before and after-school programs operated by public and private schools.

YOUR RIGHTS (CONTINUED)

- To have your Family Fee refigured if your situation changes. Ask your TCC worker.
- To have your TCC benefit transferred to another California county if you move and are still eligible. You must tell your worker that you have moved.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing within 10 calendar days of your Notice of Action or within 10 calendar days after the TCC payment was made, TCC benefits shall be paid pending the hearing up to the date of settlement, but no longer than the remaining TCC eligibility period.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. You may file a complaint if you feel you have been discriminated against.

YOUR RESPONSIBILITIES

You Must:

- Pay your Family Fee to your child care provider every month.
- Pay your child care provider for the care reported on your Request in TCC Payment.
- Choose a clean, healthy and safe environment for your child care.
- Give us a completed Request for TCC Payment every month you want a payment.
- Give us your last completed Request for TCC Payment by the last day of the month following the month your TCC stops.
- Give us a completed TCC Status Report when needed.
- Give us the facts that we need and show proof of them as needed.
- Tell us when there is a change in your child care provider or hours of employment and when you are getting other help paying your child care costs.
- Pay back any TCC paid to you in error even if the payment was made directly to the child care provider.

TCC MAY STOP IF:

- You don't cooperate with the District Attorney to help get child support.
- · You stop your job without a good reason.
- You don't pay your Family Fee to your child care provider.
- · You no longer have an eligible child in the home.

PENALTY WARNING

 Failure to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

APPLICATION FOR TRANSITIONAL CI	HILD CARE (TC	C) BENEFITS	COUNTY USE ONLY
	•	•	DATE RECEIVED:
			WRITTEN REQUEST:
INSTRUCTIONS: If you want TCC, read the cover	ersheet to this applic	eation before you fill out the	VERBAL REQUEST: Case Number
questions below. Please use ink. Attach another		need more space. You will	AFDC Disc. Code:
need to show proof of earnings and hours worked.			Approved ☐ Denied ☐
			Start Date:
Return the completed form to the County Welfare I	Department (CWD). 11	he CWD will tell you whether	End Date:
you can get TCC and what your family fee will be.			Reason for Denial:
			TCC Worker:
If you need help or have questions, ask the TCC W	orker.		Supervisor:
APPLICANT'S NAME (FIRST, MIDDLE, LAST)	BIRTHDATE	SOCIAL SECURITY NUMBER	
			☐ AFDC Received
HOME ADDRESS NUMBER STREET C	TY	STATE ZIP CODE	3 out of last 6 months
PIET DI LOT (OTD/OTATE)	RELATIONSHIP TO CHILD(REN)		☐ Former GAIN OJT
BIRTHPLACE (CITY/STATE)	THE STREET TO GUILD (FIELD)		Participant
CITIZENSHIP/IMMIGRATION STATUS	<u> </u>		
☐ U.S. Citizen ☐ Lawful Permanent Resident	☐ Refugee	☐ Other (Specify)	
1. Did you or your family receive aid anywhere within the	last 6 months?	YES NO	
If "YES", specify under what name, where, when and type(s) of aid	you got.	, 123 , NO	
2. List the children who are living with you, that you pay	child care for and list th	eir child care provider(s).	
(Include children who receive Foster Care or SSI benefits.)			
A. CHILD'S NAME	BIRTH DATE	SOCIAL SECURITY NUMBER	
	25, 47, 61, 61, 61, 61, 61, 61, 61, 61, 61, 61		
BIRTHPLACE (CITY/STATE)	RELATIONSHIP TO APPLICANT		
CITIZENSHIP/IMMIGRATION STATUS			
U.S. Citizen Lawful Permanent Resident	☐ Refugee	☐ Other (Specify)	
Is this child disabled or under court supervision?		🗌 YES 🗌 NO	
If "YES", explain and attach proof: PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER STREET	Child Indox Ago 12
			☐ Child Under Age 13 ☐ Foster Child
PROVIDER'S PHONE	CITY	STATE ZIP CODE	☐ SSI ☐ Was in AFDC/AU
TYPE OF PROVIDER			Over 13
LICENSED FAMILY DAY CARE EXEMPT - IN CHILD'S	- //	EXEMPT CENTER OPERATED BY SCHOOL	☐ Disabled ☐ Court Supervision
☐ LICENSED DAY CARE CENTER ☐ EXEMPT – OUTSIDE	CHILD'S HOME	EMPLOYEES	Codit Supervision
HOURS OF CARE MORE THAN 147 HOURS PER MONTH (Full-time) 147 HOURS O	R LESS PER MONTH (Part-time)		
MORE THAN 147 HOURS PER MONTH (Full-time) 147 HOURS OF WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?		J HAVE TO PAY THIS AMOUNT IN ADVANCE?	
\$per hour day	week month	YES (If "YES", attach proof) NO	
B. CHILD'S NAME	BIRTH DATE	SOCIAL SECURITY NUMBER	
BIRTHPLACE (CITY/STATE)	RELATIONSHIP TO APPLICANT		
BREFIT DOCE (OF 1/3 TALE)	RELATIONSHIP TO AFFECANT		
CITIZENSHIP/MMIGRATION STATUS			
□ U.S. Citizen □ Lawful Permanent Resident	☐ Refugee	☐ Other (Specify)	
Is this child disabled or under court supervision? If "YES", explain and attach proof:		YES NO	
PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER STREET	☐ Child Under Age 13
			☐ Foster Child
PROVIDER'S PHONE	CITY	STATE ZIP CODE	SSI Was in AFDC/AU
() TYPE OF PROVIDER			☐ Over 13 ☐ Disabled
LICENSED FAMILY DAY CARE EXEMPT - IN CHILD'S		EXEMPT CENTER OPERATED BY SCHOOL	☐ Disabled ☐ Court Supervision
☐ LICENSED DAY CARE CENTER ☐ EXEMPT – OUTSIDE	CHILD'S HOME	EMPLOYEES	
HOURS OF CARE			
■ MORE THAN 147 HOURS PER MONTH (Full-time) ■ 147 HOURS OF WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?	R LESS PER MONTH (Part-time)	HAVE TO PAY THIS AMOUNT IN ADVANCE?	<u>.</u>
		/ES (If "YES", attach proof) NO	
\$per L hour L day L	weak month Y	LO (8 123, attach prod) LI 140	

STATE OF CALIFORNIA FIEACT IT AND WELFAR	EAGENCI							
APPLICATION FOR TE	RANSITIC	NAL C	HILD CA	RE (rcc) BENI	EFITS		COUNTY USE ONLY
								Date Received:
INSTRUCTIONS: If you wa questions below. Please use in	nt TCC, rea k Attach an	ad the cou other she	versheet to et of naner il	this ap Yvou n	oplication befo eed more spac	ore you fill ce. You will	out the need to	Written Request:
show proof of any earnings, and				, , , -				Verbal Request:
Return the completed form to to can get TCC and what your Fai			partment (C	WD). T	he CWD will to	ell you whet	her you	
If you need help or have question	ons, ask the	TCC work	ær.					
APPLICANT'S NAME (FIRST, MIDDLE, LAST)		T _s	BIRTHDATE	T	SOCIAL SECURITY N	UMBER		CASE NAME:
AFFEIGARS S MAME (FIRST, MIDDLE, EAST)		1	J					
HOME ADDRESS NUMBER		STREET	CITY	Υ	STATE	ZIP	CODE	CASE NUMBER:
HOME PHONE			WORK PHONE			·····		
()			()					
1. List the children who are livi	ing with you,	, that you	pay child ca	re for, a	and list their c	hild care pro	ovider.	AFDC received 3 out of last 6 months. Former GAIN OJT Participant
A. CHILD'S NAME								Former GAIN COT Failicipant
PROVIDER'S NAME	Р	ROVIDER'S AD	DRESS	NUMBER	sta	EET		
								·
PROVIDER'S PHONE	C	ITY		STATE	ZIP	CODE		
TYPE OF PROVIDER								
LICENSED FAMILY DAY CARE LICENSED DAY CARE CENTER	****	MPT – IN CHILE MPT – OUTSIDI	S'S HOME	l		ITER OPERATED E PLOYEES	SY SCHOOL	
HOURS OF CARE MORE THAN 147 HOURS PER MONTH (F	ULLTIME)	147 HOURS OF	LESS PER MONTH	H (PART TI)	ME)			Α.
WHAT AMOUNT DO YOU PAY THIS PROVIDER F					OO YOU HAVE TO PAY	THE AMOUNT IN	ADVANCE?	Child Under Age 13 Over Age 13 Over Age 13
S	per hour		week m	ionth	_	S", attach proc	_	SSI Court
8. CHILD'S NAME	· · · · · · · · · · · · · · · · · · ·					-		Was in AFDC AU Supervision
					220			B. ☐ Child Under Age 13 ☐ Over Age 13
PROVIDER'S NAME	Pi	ROVIDER'S AD	DRESS	NUMBER	(SIM	EET		☐ Foster Child ☐ Disabled ☐ SSI ☐ Court
PROVIDER'S PHONE	c	ITY		STATE	ZIP	CODE		Was in AFDC AU Supervision
()		***************************************						C.
TYPE OF PROVIDER LICENSED FAMILY DAY CARE	☐ EXE	MPT – IN CHILE	S HOME	[EXEMPT - CEN	ITER OPERATED S	Y SCHOOL	Child Under Age 13 U Over Age 13 Disabled
LICENSED DAY CARE CENTER HOURS OF CARE	. D EXE	MPT - OUTSIDI	E CHILD'S HOME		ЕМЕ	PLOYEES		SSI Court Was In AFDC AU Supervision
MORE THAN 147 HOURS PER MONTH (F	ULL TIME)	147 HOURS OF	LESS PER MONTH	H (PART TI	ME)			
WHAT AMOUNT DO YOU PAY THIS PROVIDER F	OR CHILD CARE A	ND HOW?		D	OO YOU HAVE TO PAY			☐ Ages Verified ☐ Citizenship/Alien Status Verified
\$	per L hour	L day L	weekm	onth L	YES (If "YE	S", attach prod	of) L NO	Relationships Verified
C. CHILD'S NAME								
PROVIDER'S NAME	P	ROVIDER'S AD	DRESS	NUMBER	R STF	REET		
PROVIDER'S PHONE	c	YTK		STATE	ZIP	CODE		
	.		-					
TYPE OF PROVIDER LICENSED FAMILY DAY CARE LICENSED DAY CARE CENTER		MPT IN CHILI	D'S HOME E CHILD'S HOME	!		NTER OPERATED I	BY SCHOOL	
HOURS OF CARE								·
MORE THAN 147 HOURS PER MONTH (F	•		A LESS PER MONT			/Tillo 41/00/07 (*)	ADVANCES	
WHAT AMOUNT DO YOU PAY THIS PROVIDER F	FOR CHILD CARE A		Jweek □ m	nonth	YES (If "YE	THIS AMOUNT IN S", attach pro		
2. Did anyone move into or out	t of your hon	ne after A	FDC benefits	s stopp	ed?	YES	□ NO	Total Number of TCC Family Members:
(Include anyone who entered or If "YES", complete below:	left the home,	a newbori	n, or anyone w	who died	l).	L 1E3		
<u> </u>	RELATIONSHIP TO Y	/OU	WHAT HAPPENED	D		DATE		

					1 .		
Complete the information belo Include all earnings and tips. Attac If self-employed, list business exp	ch paystubs or o	ther proof of eam	ings.			- I I I I I I I I I I I I I I I I I I I	
NAME		R'S NAME	***************************************				
DATE(S) JOB STARTED OR STOPPED	EMPLOYE	R'S ADDRESS	NUM	BER STRE	ET		·
WORK SCHEDULE	CITY	STA	ATE	ZIP CODE	***************************************		
	DAYS WO	RKED PER MONTH	HOU	RS WORKED PER MONT	ГН		
HOW OFTER ARE YOU PAID?	AMOUNT BEFORE DI	EDUCTIONS	TIPS	OR COMMISSIONS?	·		
☐ WEEKLY, ☐ BI-WEEKLY, ☐ MONTHLY	\$			YES \$AMOUNT	<u></u>	NO	
NAME	EMPLOYE	R'S NAME					
DATE(S) JOB STARTED OR STOPPED	EMPLOYE	R'S ADDRESS	NUMI	BER STRE	ET		
WORK SCHEDULE	CITY	STA	NTE '	ZIP CODE		· · · · · · · · · · · · · · · · · · ·	Total Gross Earned Income \$
	DAYS WO	RKED PER MONTH	HOU	RS WORKED PER MONT	H		Average Monthly Income: \$
HOW OFTER ARE YOU PAID?	AMOUNT BEFORE D	EDUCTIONS	TIPS	OR COMMISSIONS?			
□ WEEKLY, □ BI-WEEKLY, □ MONTHLY	\$			YES \$AMOUNT	r L	NO	
		CE	RTIFI	CATION			
 I understand that the statements I 	have made on t	nis form are subje	ct to inv	estigation and ver	ification.		
 I understand that TCC must be ne- TCC family available to care for the 	eded to permit a e child(ren).	member of the A	FDC far	nily to accept or re	etain employ	ment and t	hat there must not be an adult in the
I understand that I must tell my TC	C worker within	10 days of any ch	nange in	my income, work	hours, or fa	mily.	·
 I understand that I must repay any 	TCC benefits I	am not entitled to	get, eve	n when the benef	its are paid	directly to th	ne provider.
I have read (or it was read to me) a	and received a c	opy of the TCC C	overshe	et and I understa	nd my Right	s and Resp	onsibilities.
 I understand that failing to report for both. 	acts or giving wr	ong or incomplete	facts fo	or TCC can result	in legal pros	ecution with	n penalties of a fine, imprisonment or
I declare under penalty of perjur this application is true and corre	y under the law ect.	s of the United S	States o	of America and th	ne State of (California t	hat the information contained on
SIGNATURE OF APPLICANT		DATE SIGN	ÆD	PHONE NUMBER WH	ERE YOU MAY B	E REACHED IN	CASE YOUR WORKER NEEDS TO CONTACT YOU
SIGNATURE OF WITNESS TO MARK, INTERPRETER,	OR OTHER PERSON			DATE SIGNED			
		CO	IINTV	USE ONLY			
CASE NAME			<u> </u>	CASE NO.			
Approved Denied	TCC BEGINS				TCC ENDS		
REASON FOR DENIAL		**************************************					
TCC WORKER							DATE
							0.407
SUPERVISOR							DATE
COMMENTS:							1

TCC 43 (6/94) RECOMMENDED FORM

REQUEST FOR TRAN	ISITIONAL CH	LD CARE (1	rcc) P	YME	NI			COUNTY USE ONLY
instructions: Complete and return request is received for each month month following the month your To	 Your last request for 	TCC payment mus	st be receiv	ed by the	e last day	of the	1.	Date received:
month following the month your 10 by the Child Care Provider, Use a	separate form for each	child care provide	MONTH C	F CARE:	o Dack o	I UIIS IOIII	''	Worker Number:
NEED HELP? ASK YOUR TO	C WORKER.							
PART A - RECIPIENT FILLS								Case Number:
NAME (FIRST, MIDDLE, LAST)		HOME ADDRESS	NU	MBER	ST	REET		
1.								
HOME PHONE WORL	K PHONE	CITY	STA	TE	ZIP	CODE		
2. List each family member	who worked and the	hours worked th	nis month.	Attach	proof.			
NAME					Worked P	er Week		
•	,		Week 1	Week 2	Week 3	Week 4	Week 5	
					Worked P	liteals		Total Hours Worked Verified
NAME			Week 1	Week 2	Week 3		Week 5	1
			110011					1
 My family's income has d if "YES", explain: 	ropped and I want m	y Family Fee ref	igured.			YES	□ NO	
4. I paid child care costs for if "YES", complete below.						YES	NO	
CHILD'S NAME		R'S NAME		AMOU	NT OWED	AMOUNT	PAID	☐ RMR Verified
								Due to child's birthday or change in provider
L. L. Lucianianianianianianianianianianianianiani				_				
						-		
My child care provider h If "Yes", your new provi	nas changed since rider must be approv	ny last request red before you c	for a TCC can get a	payme paymer	ent. 🗌 nt.	YES	□ NO	
 My child care provider r requesting an advance. 	equires advance pa	yment and I am	1			YES	□ NO	
7. I paid an application, re (Include supply or cot fee		tee.				YES	□ ио	1 ·
If "YES", complete below				,				Fee Verified
Type of Fee And Time Period It Covers	Provider's Name		Amount	Charged	_	Date Pa	ıid	
		CEF	RTIFICAT	ION				
I understand that:								
Any statements made of the shill name of the s	on this form may be	e checked and	verified.	wina a	licance	in orde	er for me	e to get a TCC payment.
 The child care provider The County will pay TC 	C benefits only for	hours of child	care reas	onably	related	d to the	hours I	work and my transportation
time								
am getting other help n	aving my child car	e costs					,	must also tell my worker when
 Lean choose the child (care provider who	s best for me a	ind my ch	iild(ren) and th	ne Cour	ity may	visit the child care site.
 I must pay child care ra other children. 	ites which are no g	reater than the	same as	rates	Dilled D	y tne cr	ша саге	provider for services given to
 The child care paymen 	t reported on this fo	orm may be rep	corted to	the app	oropriat	e feder	al and s	tate agencies, including the
Internal Revenue Servi I must repay any TCC	ce (IRS) and the F	ranchise Tax B	Board (F1	B).				
 The County does not a 	ct as the child care	provider's emp	ployer; ar	nd does	s not ha	ave a bu	ısiness	or contractual relationship with
 the child care provider If I choose child care in 	when a TCC paym my home. I am th	ent is paid. e emplover and	d am resp	onsible	e for so	cial sec	urity tax	c. I also understand that nd be responsible for state
disability, and federal a	nd state unemploy	ment taxes.			,		•	•
 I authorize the County if I declare under penalty of contained on this request is 	periury under the I	aws of the Unit	ted State	s of Ar	nerica	and the	State o	of California that the information
	saue, consocialiu	complete and t	a. 110 01	our				DATE
SIGNATURE OF RECIPIENT								
TCC 43 (6/94) RECOMMENDED FORM		was market and the same and the			·			Page 1 of 2

3. List all other persons living in y	our home (ir	clude oth	er children not	t listed abo	/e, parents,	steppare	ents,	COUNTY USE ONLY
grandparents, etc.) NAME (FIRST, MIDDLE, LAST)		BIRTHDATE	'	Taggitt and	JRITY NUMBER			
NAME (FINS), MIDDLE, DAST)		BINTEDATE		SOCIAL SEC				
BIRTHPLACE (CITY/STATE)		f	RELATIONSHIP TO CH	ILD(REN)				
CITIZENSHIP/IMMIGRATION STATUS U.S. Citizen Lawful	Permanent R	esident	☐ Refug	jee	☐ Other	(Specify)		☐ Was in AFDC/AU
MARITAL STATUS (✓) ☐ Married ☐ Divorced		er Married			Separated Widowed			
NAME (FIRST, MIDDLE, LAST)		BIRTHDATE		SOCIAL SECU	JRITY NUMBER			
BIRTHPLACE (CITY/STATE)	······································	F	RELATIONSHIP TO CH	ILD(REN)				
CITIZENSHIP/IMMIGRATION STATUS U.S. Citizen Lawful	Permanent R	esident	☐ Refug	lee	☐ Other	(Specify)		☐ Was in AFDC/AU
MARITAL STATUS (✓) ☐ Married ☐ Divorced	□ Nev	er Married	d		Separated Vidowed			
NAME (FIRST, MIDDLE, LAST)		BIRTHDATE		SOCIAL SECU	IRITY NUMBER			
BIRTHPLACE (CITY/STATE)		P	RELATIONSHIP TO CH	ILD(REN)				
	Permanent R	esident	☐ Refug	ee	☐ Other	(Specify)		☐ Was in AFDC/AU
MARITAL STATUS (✓) ☐ Married ☐ Divorced		er Married			Separated Vidowed			
4. Did anyone move into or out of y (Include newborns or anyone who died.	our home s	ince AFD(C benefits stop			YES	□ NO	Total number of TCC family members:
NAME:	RELATION	SHIP TO YOU	WHAT HAPPENED			DATE		
Complete the information below Include all earnings and tips. Attach If self-employed, list business exper NAME ATT (2) 25 27 27 29 29 27 27 27 27 27 27 27 27 27 27 27 27 27	for anyone of paystubs or of a sepa	who work her proof of rate sheet o	earnings, if paper and attach EMPLOYER'S NA	proof, AME				
DATE(S) JOB STARTED OR STOPPED			EMPLOYER'S AD	DRESS	NUMBER		STREET	
WORK SCHEDULE			CITY	S	ATE	ZIP CO	ODE	·····
			DAYS WORKED	PER MONTH	HOURS W	ORKED PER	MONTH	······································
HOW OFTER ARE YOU PAID?	AMOUNT BEFO	RE DEDUCTION	ONS	TIPS OR COMMI	SSIONS?	-		_
☐ WEEKLY, ☐ BI-WEEKLY, ☐ MONTHLY	\$			YES S.	AMOUNT		NO	
NAME :			EMPLOYER'S NA	ME				☐ Income Verified
DATE(S) JOB STARTED OR STOPPED			EMPLOYER'S AD	ODRESS	NUMBER		STREET	Total Gross Earned Income: \$ Average Monthly Income: \$
WORK SCHEDULE			CITY	ST	ATE	ZIP CC	DDE	
			DAYS WORKED I	PER MONTH	HOURS W	ORKED PER	MONTH	
HOW OFTER ARE YOU PAID?	AMOUNT BEFO	RE DEDUCTIO	ONS -	TIPS OR COMMI	ssions?			
☐ WEEKLY, ☐ BI-WEEKLY, ☐ MONTHLY	\$			YES \$	AMOUNT	니	ŃO	
				TIFICATIO				
 I understand that the stateme I understand that TCC must be 								nployment and that there must not
be an adult in the TCC family	available to	care for	the child(ren).		-	•		
 I understand that I must tell m I understand that I must repay 	y TCC work r anv TCC b	er within enefits L	10 days of an am not entitled	y change i Ho get lev	n my incom en when th	16, Work 16 benefi	hours, or ts are na	r family. Id directly to the provider
 I have read (or it was read to 	me) and rec	eived a c	opy of the TC	C Coversh	eet and I ui	nderstan	id my Rig	phts and Responsibilities. rosecution with penalties of a fine,
,	perjury u	nder the	e laws of the	e United :	States of .	Americ	a and ti	ne State of California that the
SIGNATURE OF APPLICANT	-> -l-b-uont	r v tru	DATE SIGNED		NUMBER WHER	E YOU MAY I	BE REACHED	IN CASE YOUR WORKER NEEDS TO CONTACT YOU
SIGNATURE OF WITNESS TO MARK, INTERPRETER	OR OTHER PER	SON		DATE S	GNED			

TRANSITIONAL CHILD CARE (TCC) STATUS REPORT

Month 1 Month 2 Month 3

ITANSITIONA	L CITIED CARE (100) OTA		******	
	THIS STATUS REPO	RT IS FOR THE MONTHS	OF:	
	RETURN THIS FORM	INO LATER THAN THE 2	1ST DAY OF	
Attach due ir TCC t	PLETE, SIGN, AND RETURN THIS REP of proof of your income and total work how the 4th month of your 12 month TCC benefits beginning with the 7th month of preported, contact your TCC worker.	PORT TO YOUR TCC WOF	RKER IN THE ENCLOSE ted above. You will get o not complete and return	only this one report which is the report, you will not get
		,		
· .				
F YOU WANT YOUR	TCC TO STOP, PLEASE COMPLETE A TCC ELIGIBILITY TO CONTINUE, PLE IUANCE REQUEST sitional Child Care be stopped on the	EASE COMPLETE AND SI		····•
SIGNATURE			DATE	
PART B. ELIGIBILIT	Y STATUS INFORMATION			
(This include	receive any income, money, or benefits es salaries, wages, tips, commissions, b ave the proof to your Transitional Medi-C	onuses, and vacation pay.		Yes No
Who Received Inc Money, or Bene		Month 1	Month 2	Month 3
		Amount Before Deductions :\$ Hours	Amount Before Deductions: \$ Hours	Amount Before Deductions: \$ Hours
		Worked:	Worked:	Worked:
		Dates Received:	Dates Received:	Dates Received:
		Amount Before	Amount Before	Amount Before
		Deductions \$ Hours	Deductions: \$ Hours	Deductions: \$ Hours
		Worked:	Worked:	Worked:
		Dates	Dates	Dates
		Received: Amount Before	Received: Amount Before	Received: Amount Before
		Deductions: \$	Deductions: \$	Deductions: \$
		Hours	Hours Worked:	Hours Worked:
		Worked: Dates	Dates	Dates .

Received: Amount Before

Deductions: \$
Hours

Worked:

Received

Dates

Hours Worked:

Dates

Received:

Received:

Amount Before

Deductions: \$

Hours

Dates

Worked:

Received:

Received:

Amount Before

Deductions: \$

ATTACHMENT II

SUMMARY OF THE TCC NOA MESSAGES

The following is a list of all NOA messages used in the TCC program:

M47-120 (Rev. 8/94) Denial - Ineligible for TCC

M47-120A (Rev.8/94) Disc. - Ineligible for TCC

M47-125 (Rev. 8/94) Approve - Eligible for TCC

M47-125A (New 8/94) Approve - Eligible for TCC and Advance Payment

M47-125B (New 8/94) Change - Change in TCC Eligibility Period

M47-130 (Rev.8/94) Change - Change in Family Fee

M47-140 (New 8/94) Denial - TCC Payment Denial

M47-145 (New 8/94) Change - TCC Payment Change

M47-145A (New 8/94) Approve - TCC Payment Approval (For counties to use only when they choose to approve the TCC payment every month.)

M47-155A (Rev.8/94) Change - Change in TCC Payment Limit

M47-155B (New 8/94) Approve - Eligible for TCC Payment of Registration Fee

M47-155C (New 8/94) Denial - Ineligible for TCC Payment of Registration Fee

M47-165 (Rev. 8/94) Change - Change in Method of Payment

M47-175 (New 8/94) Suspend - Incomplete TCC 43

M47-175A (New 8/94) Suspend - Incomplete TCC 85

M47-190 (Rev. 8/94) Change - TCC Overpayment Adjustment

M47-190A (Rev. 8/94) Demand - TCC Overpayment Demand Notice

M47-190B (Rev.8/94) Other - TCC Overpayment Computation

M47-190C (New 8/94) Demand - TCC Overpayment Demand Notice for Child Care Provider

M47-190D (New 8/94) Change - TCC Underpayment Adjustment

COUNTY OF

NOTICE OF ACTION

		Notice Date Case Name Number Worker Name	
		Number Telephone Address	
(ADDRE	SSEE)	,,,,,,,,,	
			Questions? Ask your Worker.
			State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
As of			
	(TCC) Program. s why: You can get TCC for only twelve months. Your twelve months are up.		
	To get TCC, you must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You don't have any TCC eligible children in the home.		
	You are on cash aid. You can't get TCC while on cash aid. If you go off cash aid, you may get TCC again. Contact your worker.		
	You are no longer working. To keep getting TCC, you must give the County a signed and completed TCC Status Report. You did not do this. If you turn in the report, the County will review your case and notify you.		
	You do not need child care since another adult in your home can provide child care.		
	You did not help meet the Child Support rules. You should have:		
لسا	You cannot get TCC if you did not pay your family fee. You owe \$ to your child care provider. You must pay what you owe to your provider and give us proof; bring in a written payment plan signed and dated by your provider; or do what your written plan says. Ask your worker.		
	Other: have one month after the County stops your TCC to turn in our Requests for TCC Payments (TCC 43).		
	nay be able to get help to pay for your child care if you work		
	 You do not get AFDC, and You have low income, and You need the child care to keep working, and You have used all your Transitional Child Care (TCC) benefits. 		
more	our Alternative Payment Program or 1 - 800 - 998 - 9114 for information about the At Risk Child Care Program.		
Rule: office 47-17	s: These rules apply. You may review them at your welfare : MPP 47-120.1, 47-125.1, 47-150.1 47-170.1, 47-170.2, 75.2		

State of California Department of Social Services Manual Msg. No.: M47-120
Action : Denial
Reason: TCC Ineligible
Title: Ineligible For TCC
Form No. :NA290
Effective Date :04/01/90
Revision Date :08/01/94

Auto ID No. : Flow Chart No.:

Source : TCC

Regulation Cite: See Below

MESSAGE: The County has denied your application for the

Transitional Child Care (TCC) Program dated _____.

Here's why:

To get TCC:

- [] You had to be on AFDC in three of the last six months. You were not on aid for three months. (Reg Cite MPP 47-120.1)
- [] You must stop getting AFDC due to more income or more work hours. You do not meet either of these reasons. (Reg. Cite MPP 47-120.1)
- [] You must give us all the facts that we need to see if you could get TCC. You did not give us:

 (Reg. Cite MPP 47-105.5)
- [] You cannot have another adult in your home who can provide child care. (Reg. Cite MPP 47-120.1)
- [] You must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You do not have any TCC eligible children in the home. (Reg. Cite MPP 47-120.1)
- [] You had twelve months to apply for TCC after you stopped getting AFDC. You did not apply within those 12 months. (Reg. Cite MPP 47-125.1)
- [] You did not help meet the Child Support rules. (Reg. Cite MPP 47-170.2) You should have:
- [] Other:

You may be able to get help to pay for your child care if you work and:

- You do <u>not</u> get AFDC, and
- You have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

		Notice Date Case Name	
		Number	
		Worker Name	:
		Number	
		Telephone Address	
		700.000	
	,		
(ADDI	RESSEE)		Questions? Ask your Worker.
ı		•	
1	_		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a
			hearing before this action takes place.
	Transitional Obild Core	200000	
	County has denied your request for Transitional Child Care C) dated		
	e's why:		
	et TCC:		
	You had to be on Federal AFDC in three of the last six months. You weren't on aid for three months.		
	You must stop getting AFDC due to more income or more work hours. You don't meet either of these reasons.		
	You must give us all the facts that we need to see if you could get TCC. You didn't give us:		
	You cannot have another adult in your home who can provide child care.		
	You must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You don't have any TCC eligible children in the home.		
	You had twelve months to apply after you stopped getting AFDC. You did not apply within those twelve months.		
	You did not help meet the Child Support rules. You should have:		
	Other:		
	•		
You and	may be able to get help to pay for your child care if you work		
	 You do not get AFDC, and You have low income, and You need the child care to keep working, and You have used all your Transitional Child Care (TCC) benefits. 		
Call mor	your Alternative Payment Program or 1 - 800 - 998 - 9114 for e information about the At Risk Child Care Program.		

Rules: These rules apply. You may review them at your welfare office: MPP 47-105.5, 47-120.1, 47-125.1, 47-170.2

State of California
Department of Social Services

Auto ID No. : Flow Chart No.:

Source : TCC

Regulation Cite: See Below

Manual Msg. No.: M47-120A Action : Disc.

Reason: TCC Ineligible
Title: Ineligible For TCC

Form No. :NA290

Effective Date :04/01/90 Revision Date :08/01/94

MESSAGE: As of _____, the County is stopping your Transitional Child Care (TCC) Program.

Here's why:

- [] You can get TCC for only twelve months after your AFDC stopped. That twelve month period is over. (Reg. Cite MPP 47-125.1)
- [] To get TCC, you must have a child in the home who is under the age of 13, or cannot care for him/herself, or is under court supervision. You do not have any TCC eligible children in the home. (Reg. Cite MPP 47-120.1)
- [] You are on cash aid. You cannot get TCC while on cash aid. If you go off cash aid, you may get TCC again. Contact your worker. (Reg. Cite MPP 47-120.1)
- [] You are no longer working. (Reg. Cite MPP 47-170.1)
- [] To keep getting TCC, you must give the County a signed and completed TCC Status Report. You did not do this. If you turn in the report, the county will review your case and notify you. (Reg. Cite MPP 47-175.2)
- [] You do not need child care since another adult in your home can provide child care. (Reg. Cite MPP 47-120.1)
- [] You did not help meet the Child Support rules. (Reg. Cite MPP 47-170.2) You should have:
- [] You cannot get TCC if you did not pay your family fee. You owe \$____ to your child care provider. You must pay what you owe to your provider and give us proof; bring in a written payment plan signed and dated by your provider; or do what your written plan says. Ask your worker. (Reg. Cite MPP 47-150.1)
- [] Other:

You have one month after the County stops your TCC to turn in all your Requests for TCC Payments (TCC 43) for the months you were previously eligible for TCC.

You may be able to get help to pay for your child care if you work and:

- You do not get AFDC, andYou have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

Call your Alternative Payment Program or 1-800-998-9114 for more information about the At Risk Child Care Program.

INSTRUCTIONS: Use to discontinue TCC when the recipient becomes ineligible.

Fill in the date and check the box showing the appropriate reason for the TCC discontinuance.

For the non-compliance with the Child Support rules box, indicate what action was necessary.

For the non-payment of the family fee box, fill in the amount owed. (Note: When using this reason, the discontinuance date should be the first day of the month following 30 calendar days after the NOA is issued.)

For the "Other" box, indicate the reason for the action.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case	
	Name	
	Number Worker	
	Name	
	Number Telephone	
	Address	
,		
(ADDRESSEE)		Our sales and Ambreroum Manufacus
		Questions? Ask your Worker.
1	ı	State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
	numerous de la constantina della constantina del	before this desert takes place.
_		
As of, the County has approved your application for the Transitional Child Care (TCC) Program. You may get TCC for the twelve month period beginning and ending	er Lin Lin	
Each month you must pay a fixed part of your child care costs.	*** ***	
This is called a family fee. The box checked below applies to you: Based on your income of \$ as shown below	•	
and family size of, your family fee is \$		
	7 . 3	
Total Income: \$		
Your family fee has not yet been figured because you have not given us proof of your gross earnings. You cannot get any TCC payments until you give us this proof.		
You must pay your family fee each month to your child care provider.		
Your family fee may be refigured. If something changes, you can ask at anytime for your family fee to be refigured.		
The County will help pay part of your child care costs each month. There is a limit on this amount based on the child's age, type of child care provider, and whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.		
Based on the information you gave us, the most we will pay for each eligible child and eligible child care provider is:	A A	
Child's Name: Provider's Name: Payment Limit:		
\$ \$		
\$		
Your payment limit(s) has not yet been figured because you have not given us information about your child care provider(s). You cannot get any TCC payments until you give us this information.		
If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.	W.	
If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.		
You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.		
Rules: These rules apply. You may review them at your welfare office: MPP 47-125.1, 47-130, 47-155.4,.7	*** **********************************	

	e of California rtment of Social	Services	Manual MSG. No Action Reason: TCC F	: Approve Eligible
Flow Sour	ID No. : Chart No.: ce : TCC Lation Cite: MPP	47-125.1, 47-130 47-155.4,.7	Form No. Effective Date Revision Date	: NA290 :: 04/01/90
may o	AGE: As of Loation for the Tiget TCC for the to	ransitional Chil	.d Care (TCC) Pr	ogram. You
Each This you:	month you must pais called a family	ay a fixed part ly fee. The box	of your child c checked below	eare costs. applies to
[]	Based on your in size of,	ncome of \$ your family fee	as shown belo	w and family
	Total I	\$ + + + + + + + + + + + + + + + + + + +		
[]	Your family fee not given us pro any TCC payments	oof of your gros	s earnings. Yo	u cannot get
You m provi	nust pay your fam. .der.	ily fee each mon	th to your chil	d care
Your ask a	family fee may be at any time for yo	e refigured. If our family fee t	something chan o be refigured.	ges, you can
month type time	County will help part of child care pro (more than 147 honorth)	mit on this amou ovider, and whet	nt based on the her care was pr	child's age, covided full-
The h	oox checked below	applies to you:		
[]	Based on the inf for each eligiblis:	formation you ga le child and eli	ve us, the most gible child car	we will pay e provider
	Child's Name:	Provider's Name:	Full-Time Payment Limit: \$	Part-Time Payment Limit: \$

[] Your payment limit(s) has not yet been figured because you have not given us information about your child care provider(s). You cannot get any TCC payments until you give us this information.

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.

You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

INSTRUCTIONS: Use to approve a TCC application.

Fill in the date of approval and the begin and end dates of the 12-month eligibility period.

Check the appropriate box. If first box is checked, fill in the income, family size, and family fee; list each person with income and their gross income amount.

Check the appropriate box. If first box is checked, fill in the name of the eligible child(ren), the eligible child care provider(s), and the appropriate rate ceiling(s). If the recipient's work hours fluctuate and the hours of care are different each month, provide both the full-time and part-time rate ceilings.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date : Case Name :	
	Number :	
	Worker Name :	
		4
ADDRESSEE)		
	Questions? Ask your W	orker.
ı	State Hearing: If you th	ink this action is wrong, you can
· •	ask for a hearing. The ba	ack of this page tells how. Your anged if you ask for a hearing
s of, the County has approved your application for	Child's Name:	
he Transitional Child Care (TCC) Program. You may get TCC for he twelve month period beginning and ending		
The County has approved your request for an advance TCC	TCC Payment Limit:	\$
payment. You can't get another TCC payment until you give us	Anticipated Child Care Costs:	\$
proof you have paid the child care for this month. You will have to bay back any money we advance to you that you do not use to		
pay for child care.	Subtotal — Lesser of two above	= \$
Each month you must pay a fixed part of your child care costs. This is called a family fee. Based on your income of as shown below and family size of	Child's Name:	
our family fee is \$		
<u> </u>	TCC Payment Limit:	\$
	Anticipated Child Care Costs:	\$
Total Income: \$	Subtotal — Lesser of two above	= \$
You must pay your family fee each month to your child care		
provider.	Total of Ali Subtotals	= \$
Your family fee may be refigured. If something changes, you can ask at anytime for your family fee to be refigured.	Less Family Fee	
The County will help pay part of your child care costs each	Less Overpayment Adjustment	with the same of t
nonth. There is a limit on this amount based on the child's age,	ADVANCE TCC PAYMENT	= \$
ype of child care provider whether care was provided full-time more than 147 hours) or part-time (147 hours or less) in the nonth.		
Based on the information you gave us, the most we will pay for each eligible child and eligible child care provider is:	:	
Child's Name: Provider's Name: Payment Limit:		
<u> </u>		
<u> </u>		
\$		
f your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.		
f you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.		
You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC		
Emminy minutes American management in American in discrete to a contract	₹w	

Your advance TCC payment amount is figured on this notice.

State of Califor Department of So		Manual MSG. No.: M47-125A Action : Approve Reason: TCC Eligible Title: Eligible For TCC
	TCC MPP 47-125.1, 47-130 47-155.4,.7, 47-	
MESSAGE: As of application for may get TCC for ending	the twelve month peri	has approved your d Care (TCC) Program. You od beginning and
You can't get an have paid the ch	other TCC payment unt ild care for this mon	for an advance TCC payment. il you give us proof you th. You will have to pay you do not use to pay for
This is called a	ust pay a fixed part family fee. Based of family size of	of your child care costs. on your income of \$ as _, your family fee is
To	\$ + + tal Income = \$	
You must pay you provider.	r family fee each mon	th to your child care
Your family fee ask at anytime f	may be refigured. If or your family fee to	something changes, you can be refigured.
month. There is type of child ca	a limit on this amou re provider and wheth	child care costs each int based on the child's age, ier care was provided full- ime (147 hours or less) in
	ormation you gave us, ild and eligible chil	the most we will pay for do care provider is:
Child's Name:	Provider's Name:	Full-Time Part-Time Payment Payment Limit: Limit: \$ \$

* · · · · · · ·

M47-125A - Page 2

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.

You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

Your advance TCC payment amount is figured on this notice.

Child's Name:	
TCC Payment Limit: Anticipated Child Care Costs:	\$ \$
Subtotal - Lesser of two above	= \$
Child's Name:	
TCC Payment Limit: Anticipated Child Care Costs:	\$ \$
Subtotal - Lesser of two above	= \$
Total of All Subtotals Less Family Fee Less Overpayment Adjustment ADVANCE TCC PAYMENT	= \$ - - = \$
INSTRUCTIONS: Use to approve a	TCC application and an a

INSTRUCTIONS: Use to approve a TCC application and an advance TCC payment.

Fill in the date of approval and the begin and end date of the 12 month eligibility period.

Fill in the income, family size, and family fee; and list each person with income and their gross income amount. Fill in the total of the TCC family's income.

Fill in the name of the eligible child(ren), the eligible child care provider(s), and the appropriate rate ceiling(s). If the recipient's work hours fluctuate and the hours of care are different each month, provide both the full-time and part-time rate ceilings.

Complete the applicable computation(s).

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

(ADDRESSEE)
I
As of, the months that you may get
As of, the months that you may get Transitional Child Care (TCC) has changed. You may now get TCC for the twelve month period beginning
Heres why:
Your former AFDC case was reviewed and the date when your AFDC was stopped has changed.
The amount of your family fee and payment limits has not changed.
You must turn in a Request for TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments (TCC 43).

	·
Notice Date Case	
Name	
Number Worker	
Name	
Number	
Telephone	
Address	
	And the state of t
	Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Rules: These rules apply. You may review them at your welfare office: MPP 47-125.1

State of California
Department of Social Services

Manual MSG. No.: M47-125B
Action : Change
Reason: TCC Eligible
Title: Change in TCC
Eligibility Period

Auto ID No. : Flow Chart No.:

: TCC

Regulation Cite: MPP 47-125.1

Form No. : NA290 Effective Date : 08/01/94

Revision Date :

MESSAG			of		, th	e mor	ıths	that	you	may	get		
Transi	tior	nal (Child	Care	(TCC)	has	char	nged.	You	ı may	now	get	TCC
for the	e tw	elve	e mont	h peri	Lod b	eginr	ning	***************************************		and	endi	ng	

Here's why:

Your former AFDC case was reviewed and the date when your AFDC was stopped has changed.

The amount of your family fee and payment limits has not changed.

You must turn in a Request For TCC Payment for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

INSTRUCTIONS: Use to change a TCC eligibility period.

Fill in the date of the action. Fill in the revised beginning and ending date of the TCC eligiblity period.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone Address	
(ADDRESSEE)		
		Questions? Ask your Worker.
· 		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
As of, the County is changing the amount of the family fee you must pay each month to your child care provider for the Transitional Child Care (TCC) Program from \$ to \$ Here's why:		
We have refigured your family fee based on your income of \$ and family size of		
\$		
Total Income: \$	*** ***** *	
Your family fee may be refigured. If your income or your family changes, you can ask at anytime for your family fee to be refigured.		

Rules: These rules apply. You may review them at your welfare office: MPP 47-130.1

Action : Change Reason: TCC Eligible
Title: Change in Family Fee Form No. : NA 290 Effective Date : 04/01/90 Revision Date : 08/01/94
y is changing the amount of th to your child care Care (TCC) Program from
sed on your income of \$
\$ + \$

Your family fee must be paid each month to your child care provider.

INSTRUCTIONS: Use to change the amount of the family fee.

Fill in the effective date of change in family fee amount. Fill in the old and new amounts. Fill in the income amount and family size. Identify each person and their income.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

		Notice Date Case Name	:
		Number Worker Name	
		Number	
		Telephone	
		Address	
(ADDF	RESSEE)		
			Questions? Ask your Worker
	ı	·	State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
	L		,
	esitional Child Care (TCC) Payment (TCC 43) for the month of each of the month of the month of the month of the month of each of the month of the mon		
	You were not working.		
	Your child care provider is your child's parent or legal guardian or is a member of your TCC family.		
	Your child care provider does not have a day care license and must have one.		
	Your family fee is higher than your child care costs.		
	Your Request for TCC Payment was later than one month after your TCC stopped.		
	Other:	100 94	
		4.5 4.5 2.7 1.74	
If yo	u have any questions, call your worker.		

Rules: These rules apply. You may review them at your welfare office: MPP 47-120.151, 47-140.2, 47-155.41, 47-165.62

State of California Department of Social Services Manual Msg. No.: M47-140
Action : Denial
Reason: TCC Eligible
Title: TCC Payment Denial
Form No. :NA290
Effective Date :08/01/94
Revision Date :

Auto ID No. : Flow Chart No. :

Source : TCC

Regulation Cite: See below.

MESSAGE: As of _____, the County has denied your Request for Transitional Child Care (TCC) Payment (TCC 43) for the month of

Here's why:

- [] You were not working. (Reg. Cite MPP 47-120.151)
- [] Your child care provider is not 18 years old or older. (Req. Cite MPP 47-140.21)
- [] Your child care provider is your child's parent or legal guardian or is a member of your TCC family. (Reg. Cite MPP 47-140.22 and .23)
- [] Your child care provider does not have a day care license and must have one. (Req. Cite MPP 47-140.24)
- [] Your family fee is higher than your child care costs. (Reg. Cite MPP 47-155.41)
- [] Your Request for TCC Payment was later than one month after your TCC stopped. (Req. Cite MPP 47-165.62)
- [] Other:

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to deny a TCC payment request.

Fill in the date of the action and the appropriate month of request.

Check the appropriate box. When the "Other" box is checked, specify the reason for the action.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone Address		
ADDRESSEE)			
			or Worker buthink this action is wrong, you can be back of this page tells how. You
			changed if you ask for a hearing
Your payment for Transitional Child Care (TCC) for the month ofhas been approved for the	Child's N	lame:	
mount of \$ This amount is less than you asked for.		yment Limit: hild Care Costs	\$ \$
Here's why: You did not give us a Request for TCC Payment (TCC 43) form for each of your child care providers.	Subtotal	- Lesser of two above	= \$
One of your child care providers is not eligible for TCC. To get a TCC payment, your child care provider must be 18 years old or older; not be a parent, legal guardian, or member of the TCC family; have a day care license or not need one; and must complete Part B of the Request for TCC Payment (TCC 43) form.	TCC Pay	Jame: yment Limit: hild Care Costs	\$ \$
One of your children is not eligible for TCC. To get TCC for your child, your child must be under the age of 13, cannot care for him/herself, or under court supervision.	Subtotal	- Lesser of two above	= \$
You have to pay back the money we advanced to you that you did not use to pay for your child care costs. We subtracted that portion of your advance payment that was not used for child care.	÷	lame:	¢
All of the child care hours you reported this month were not related to your work hours and we cannot pay all of your child care costs.	Actual C	hild Care Costs	\$
Your request for the payment for your registration, application, or service fee charged by your child care provider was denied.	Subtotal	- Lesser of two above	= \$
Other:	10.00	All Subtotals	= \$
The County will only pay child care for days and hours related to cour work hours and only up to a payment limit set by the State of California. The TCC payment limit is based on the child's age, the type of care, and the hours of care. If you change your child care provider or your work hours, tell your worker immediately.	Less Adv	mily Fee erpayment Adjustment vance Payment LY TCC PAYMENT	- \$
The TCC payment is what you paid for your child care minus your amily fee or the payment limit, whichever is less.			
You must turn in a Request for Transitional Child Care Payment TCC 43) for each month that you want TCC money. Your TCC payment amount is figured on this notice.			
Our TOO DAYFIELL AMOUNT IS HOUSED OF THIS HOUSE.			

Rules: These rules apply. You may review them at your welfare office: MPP 47-145.1, 47-155

If you have any questions, call your TCC worker.

State of California Department of Social Services Manual Msg. No.: M47-145
Action : Change
Reason: TCC Payment Change
Title: TCC Payment Change
Form No. : NA 290
Effective Date: 08/01/94

Revision Date :

Auto ID No. : Flow Chart No. :

Source : TCC

Regulation Cite: MPP 47-145.1, 47-155

MESSAGE: Your payment for Transitional Child Care (TCC) for the month of _____ has been approved for the amount of \$____.

This amount is less than you asked for.

Here's why:

- [] You did not give us a Request for TCC Payment form for each of your child care providers.
- One of your child care providers is not eligible for TCC. To get a TCC payment, your child care provider must be 18 years old or older; not be a parent, legal guardian, or member of the TCC family; have a day care license or not need one; and must complete Part B of the Request for TCC Payment (TCC 43) form.
- [] One of your children is not eligible for TCC. To get TCC for your child, your child must be under the age of 13, cannot care for him/herself, or under court supervision.
- [] You have to pay back the money we advanced to you that you did not use to pay for your child care costs. We subtracted that portion of your advance payment that was not used for child care.
- [] All of the child care hours you reported this month were not related to your work hours and we cannot pay all of your child care costs.
- [] Your request for the payment for your registration, application, or service fee charged by your child care provider was denied.
- [] Other:

The County will only pay child care for days and hours related to your work hours and only up to a payment limit set by the State of California. The TCC payment limit is based on the child's age, the type of care, and the hours of care. If you change your child care provider or your work hours, tell your worker immediately.

C15 5 7 7 1 27 ...

The TCC payment is what you paid for your child care minus your family fee or the payment limit, whichever is less.

You must turn in a Request for Transitional Child Care (TCC) Payment (TCC 43) for each month that you want TCC money.

Your TCC payment amount is figured on this notice.

Child's Name:		
TCC Payment Limit: Actual Child Care Costs:		\$ \$
Subtotal - Lesser of two above	=	\$
Child's Name:		
TCC Payment Limit: Actual Child Care Costs:		\$ \$
Subtotal - Lesser of two above		\$
Total of All Subtotals Less Family Fee	-	\$
Less Overpayment Adjustment	-	
Less Advance Payment	-	
MONTHLY TCC PAYMENT	=	\$

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to notify recipient when the amount of the TCC payment is less than the amount claimed but is within the rate ceiling. Send this NOA at the same time as the payment. If you are approving the payment for the entire amount claimed, use the M47-145A.

Fill in the month of the action and the payment amount.

Check the appropriate box. When the "Other" box is checked, specify the reason for the action.

Complete the applicable computation(s).

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone Address
ADDRESSEE)	
	Questions? Ask your Worker
L	State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
Your payment for Transitional Child Care (TCC) for the month of	Child's Name:
has been approved for the amount of \$	TCC Payment Limit: \$ Actual Child Care Costs \$
The County will only pay child care for days and hours you were working and only up to the payment limit set by the State of California. The payment limit is based on the child's age, the type of child care provider, and the hours of care. If you change your	Subtotal - Lesser of two above = \$
child care provider or your work hours, tell your worker mmediately.	Child's Name:
The TCC payment is what your child care costs are minus your amily fee or the payment limit, whichever is less.	TCC Payment Limit: \$ Actual Child Care Costs \$
You must turn in a completed Request for Transitional Child Care Payment (TCC 43) for each month that you want TCC money. Your TCC payment amount is figured on this notice.	Subtotal - Lesser of two above = \$
f you have any questions, call your TCC worker.	Child's Name:
	TCC Payment Limit: \$ Actual Child Care Costs \$
	Subtotal - Lesser of two above = \$
	Total of All Subtotals = \$

Rules: These rules apply. You may review them at your welfare office: MPP 47-145, 47-150.

State of California Department of Social Service	es	Action Reason	Msg. No. : TCC Pa Appro : TCC Pa Appro	val yment
Auto ID No. : Flow Chart No. : Source : TCC Regulation Cite: MPP 47-145		Effecti	o	: NA 290 : 08/01/94
MESSAGE: Your payment for month of has been	Transitiona approved in	l Child	d Care (T mount of	CC) for the
The County will only pay che working and only up to the california. The payment listype of child care provider change your child care provider worker immediately.	payment lim mit is base , and the h	it set d on th ours of	by the S ne child' f care.	tate of s age, the If you
The TCC payment is what you family fee or the payment 1				us your
You must turn in a complete (TCC) Payment (TCC 43) for	d Request f each month	or Tran	nsitional ou want T	Child Care
Your TCC payment amount is	figured on	this no	otice.	
Child's Name:		W-Marine and a control of the contro		***************************************
Payment Limit Actual Child Care Costs Lesser Amount of Two Above Total for All Children		\$ \$ \$		
Less Your Family Fee Less Overpayment Adjustment Less Advance Payment MONTHLY TCC PAYMENT	- - - =	\$\$		
T C 1	77 ~		1	

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to approve a TCC payment only if you send an approval every month as in SAWS. Send this NOA at the same time as the payment. If you are not approving the entire amount requested on TCC 43, use the M47-145.

Fill in the month of the action and the payment amount.

Complete the applicable computations(s).

APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS - COVERSHEET

WHAT IS TCC?

- TCC may help you pay most of your child care costs after you go off Aid to Families with Dependent Children (AFDC).
- You may get TCC for up to 12 months in a row beginning with the first month you become ineligible for AFDC.
- You must pay part of your child care costs which is called the Family Fee. It is based on the gross earnings of the TCC family members and the number of members in the family.
- IMPORTANT: The TCC family must pay for the Family Fee and any child care costs above the TCC limit. The TCC limit is based on the age of the child, the type of care, and whether care is provided full-time or part-time.
- You must have received AFDC three out of the last six months before you were ineligible for AFDC; and, AFDC must have stopped due to:
 - Increased earnings or hours of work.
- You must work and pay child care costs for a child under the age of 13 years, for a disabled child or child under court supervision who needs care.
- You can get TCC for child in your home who gets Supplemental Security Income (SSI) or Foster care.
- Your Family Fee will be refigured once after you get 6 months of TCC, unless you ask your worker to figure it again at another time.
- TCC cannot be paid when the provider is under 18 years old or is the parent, legal guardian, conservator or a member of the TCC family.

YOUR RIGHTS:

- To ask for TCC verbally; but a written request must be completed before payment can be made.
- · To be told about your Rights and Responsibilities.
- To apply for TCC any month during the 12-months after you are ineligible for AFDC. You may apply by mail, but the County may ask you to come in.
- To be told in writing when your application is approved or denied or your benefits change or stop.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be at least 18 years of age and licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care is also before and after-school programs operated by public and private schools.

YOUR RIGHTS

- To have your Family Fee refigured if your situation changes. Ask your TCC worker.
- To have your TCC benefit transferred to another California county if you move and are still eligible. You must tell your worker that you have moved.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing within 10 calendar days of your Notice of Action or within 10 calendar days after the TCC payment was made, TCC benefits shall be paid pending the hearing up to the date of settlement, but no longer than the remaining TCC eligibility period.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. You may file a complaint if you feel you have been discriminated against.

YOUR RESPONSIBILITIES

You Must:

- Pay your Family Fee to your child care provider every month.
- Pay your child care provider for the care reported on your Request for TCC Payment.
- Choose a clean, healthy and safe environment for your child care.
- Give us a completed Request for TCC Payment every month you want a payment.
- Give us your last completed Request for TCC Payment by the last day of the month following the month your TCC stops.
- Give us a completed TCC Status Report when needed.
- Give us the facts that we need and show proof of them as needed.
- Tell us when there is a change in your child care provider or hours of employment and when you are getting other help paying your child care costs.
- Pay back any TCC paid to you in error even if the payment was made directly to the child care provider.

TCC MAY STOP IF:

- You don't cooperate with the District Attorney to help get child support.
- You stop your job without a good reason.
- · You don't pay your Family Fee to your child care provider.
- You no longer have an eligible child in the home.

PENALTY WARNING

 Failure to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

		Notice Date Case Name Number	
		Worker Name Number	:
		Telephone	
		Address	
(ADDF	RESSEE)		
			Questions? Ask your Worker
		1	
			State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing
			before this action takes place.
	f, the County is changing the most we will for your Transitional Child Care (TCC). There is no change in family fee.		
Here	s's why:	. 설. - 12	
	Your child's care provider has changed.		
	Your child's age has changed.		
	Your child has a change in the hours of care.		
	The TCC payment limit set by the State of California has changed.	7 er 7 er 7 B 7	
	Other:		
	most we will pay for each eligible child and eligible child care ider is:		
	Child's Name: Provider's Name: Payment Limit:		
If yo payn	ur child care cost minus your family fee is less than your nent limit, we will pay the lower amount		
payr	u change your child care provider or your work hours, the nent limits listed on this notice may change. Notify your er immediately of any changes.		
	think this notice is wrong, call your worker.		·

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Rules: These rules apply. You may review them at your welfare office: MPP 47-155.1, 47-155.4, 47-155.7.

State of California Department of Social Services		Manual Msg. No.: M47-155A Action : Change Reason: TCC Eligible Title: Change in TCC Payment Limit		
Source	hart No. : TC	C P 47-155.1,.4,.7	Form No. Effective Date Revision Date	: NA 290 e : 04/01/90
MESSAG will p change	E: As of ay for your T in your fami	, the County ransitional Child ly fee.	is changing to	he most we here is no
Here's	Why:			
[]	Your child's	care provider has	changed.	
[] Your child's age has changed.				
[] Your child has a change in the hours of care.				
[]	The TCC payme changed.	ent limit set by th	e State of Cal	ifornia has
[]	Other:			
The mo	ost we will pa provider is:	ay for each eligibl	e child and el. Full-Time	igible child Part-Time
CIIII C		Provider's Name:	Payment Limit:	
			mily foo is le	ee than your

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately of any changes.

If you think this notice is wrong, call your worker.

INSTRUCTIONS: Use to change the maximum amount that the County will pay for a child's TCC.

Fill in the effective date of change in TCC. Fill in the child's name, the old maximum, and the new maximum amounts.

Check the appropriate Box. If the "Other" box is checked, fill in the reason. Identify each eligible child, eligible child care provider and the appropriate rate ceiling. If the recipient's work hours fluctuate and the hours of care are different each month, provide both the full-time and part-time rate ceilings.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone Address	
	Accress	:
ADDRESSEE)		
		Questions? Ask your Worker
		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
As of, the County has approved		
our request for a Transitional Child Care (TCC) payment for		
for the application, registration, or ervice fee(s) charged by your child care provider(s)		
you have any questions, call your worker.		

Rules: These rules apply. You may review them at your welfare office: MPP 47-155.5

Manual Msg. No.: M47-155B
Action : Approve
Reason : TCC Eligible

Title: Eligible for Payment
Of Registration Fee

Form No. : NA 290 Effective Date : 08/01/94

Revision Date :

Auto ID No. :
Flow Chart No. :
Source : TCC

Regulation Cite: MPP 47-155.5

MESSAGE: As of _____, the County has approved your request for a Transitional Child Care (TCC) payment for \$ ____ for the application, registration, or service fee(s) charged by your child care provider(s).

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to approve a request for payment of one-time-only registration, application, or service fee.

Fill in the effective date and the amount of payment.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

		Notice Date Case Name Number Worker Name Number Telephone Address	
(ADDR	ESSEE)		
	prostore	<u> </u>	Questions? Ask your Worker
	1.		2
	L		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
a Tr	f, the County has denied your request for ansitional Child Care (TCC) payment of the application, tration, or service fee charged by your child care provider.	· 题本	
Here	's why:		
	You already paid the fee to the same child care provider for the same child during the same time period.		
	The fee is charged by your child care provider more than once a year and must be added to your monthly child care costs and must be under the payment limit. When we added the fee amount to your child care costs, it was over the payment limit.		
	You did not give us a copy of the receipt or a copy of the child care provider's written policy which explains the fee.		
	Your child care provider does not have a day care license and cannot charge a fee.		
	Other:		
If you	u have any questions, call your TCC worker.		
		W.	
		** 	
Rule	s: These rules apply. You may review them at your welfare	M _e	

office: MPP 47-155.5.

Manual Msg. No.: M47-155C Action : Denial Reason : TCC Eligible Title: Ineligible for

Payment of

Registration Fee

Form No. : NA 290 Effective Date : 08/01/94

Revision Date :

Auto ID No. : Flow Chart No. :

Source : TCC

Regulation Cite: MPP 47-155.5

MESSAGE: As of _____, the County has denied your request for a Transitional Child Care (TCC) payment of the application, registration, or service fee charged by your child care provider.

Here's Why:

- [] You already paid the fee to the same child care provider for the same child during the same time period.
- [] The fee is charged by your child care provider more than once a year, must be added to your monthly child care costs, and must be under the payment limit. When we added the fee amount to your child care costs, it was over the payment limit.
- [] You did not give us a copy of the receipt or a copy of the child care provider's written policy which explains the fee.
- [] Your child care provider does not have a day care license and cannot charge a fee.
- [] Other:

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to deny a request for TCC payment of a registration, application, or service fee. One-time-only fees are approvable using county administrative costs according to MPP 47-155.5.

Fill in the effective date.

Check the appropriate box. When the "Other" box is checked, specify the reason for the action.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

·		Notice Date Case Name Number Worker Name Number Telephone Address	
ADDR	ESSEE)		
	,		Questions? Ask your Worker
			State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
	, the County is changing how your sitional Child Care (TCC) will be paid.		
, ¬	•	·	
_i	You will not be paid directly for the County share of your child care costs. Your TCC will be paid by a:		
	☐ Vendor payment.		
	☐ Two-party check.	*	
	☐ Voucher payment.	14/4 14/4	
	Other:		
	You will now be paid directly for the County share of your child care costs. You must pay your child care provider.		

Rules: These rules apply. You may review them at your welfare office: MPP 47-165.1, 47-165.4.

Manual Msg. No.: M47-165 Action : Change Reason : TCC Eligible

Title : Change in Method of

Payment

Auto ID No. Flow Chart No. :

Source : TCC

Form No. : NA 290 Effective Date: 04/01/90 Revision Date : 08/01/94

Regulation Cite: MPP 47-165.1, .4

MESSAGE: As of _____, the County is changing how your Transitional Child Care (TCC) will be paid.

Here's Why:

- You will not be paid directly for the County share of your [] child care costs. Your TCC will be paid by a:
 - [] Vendor payment.
 - [] Two-party check.
 - Voucher payment. []
 - **[**] Other:
- You will now be paid directly for the County share of your [] child care costs. You must pay your child care provider.

INSTRUCTIONS: Use to change the method of payment for TCC.

Fill in the effective date of the change.

Check the appropriate box.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone Address	
(ADDRESSEE)		
		Questions? Ask your Worker
	.[State Hearing: If you think this action is wrong, you ca ask for a hearing. The back of this page tells how. You benefits may not be changed if you ask for a hearing
		before this action takes place.
_		
The Request for Transitional Child Care (TCC) Payment (TCC 43) you sent for the month of is not complete.		
You will not get a TCC payment unless you send or bring in a completed TCC 43. If you complete the circled items on the enclosed TCC 43 and send or bring it to your worker, you may get the TCC payment.		
Comments:		
	3 年 第 では、 1 年 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	
	:	·
	· Ji	
	(1) 1명. 	
If you have any questions, call your TCC worker.		
Rules: These rules apply. You may review them at your welfare office: MPP 47-175.1.		

Manual Msg. No.: M47-175 Action: TCC Payment

Suspense

Reason: Incomplete TCC 43
Title: Incomplete TCC 43
Form No. : NA 290

Form No.

Effective Date: 08/01/94

Revision Date :

Auto ID No. : Flow Chart No. :

Source : TCC

Regulation Cite: 47-175.1

MESSAGE: The Request for Transitional Child Care (TCC) Payment (TCC 43) you sent for the month of ______ is not complete.

You will not get a TCC payment unless you send or bring in a completed TCC 43. If you complete the circled items on the enclosed TCC 43 and send or bring it to your worker, you may get the TCC payment.

Comments:

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to notify recipient of an incomplete TCC 43. Circle any incomplete items and return the TCC 43 with this NOA.

Fill in the payment request month.

This NOA must be sent within ten calendar days after the receipt of a Request for TCC Payment (TCC 43).

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name	
	Number Worker Name	
	Number	:
	Telephone	•
	Address	:
		444444444444444444444444444444444444444
(ADDRESSEE)		
		Questions? Ask your Worker
		State Hearing: If you think this action is wrong, you ca ask for a hearing. The back of this page tells how. You
		benefits may not be changed if you ask for a hearin before this action takes place.
The Transitional Child Care (TCC) Status Report (TCC 85) you sent in is not complete. You will not get a TCC payment beginning	8 : 6 : 6 :	

, the seventh month of your TCC eligibility period, unless you send or bring in a completed Status Report.

If you complete the circled items on the enclosed TCC 85 and send or bring it to your TCC worker, your TCC payments will no longer be delayed or stopped.

If you have any questions, call your TCC worker.

Rules: These rules apply. You may review them at your welfare office: MPP 47-175.2.

Auto ID No.

Manual Msg. No.: M47-175A Action: TCC Suspense

Reason: Incomplete TCC 85
Title: Incomplete TCC 85
Form No. : NA 290
Effective Date: 08/01/94

Flow Chart No. : Effective Date : Source : TCC Revision Date :

Regulation Cite: MPP 47-175.2

MESSAGE: The Transitional Child Care (TCC) Status Report (TCC 85) you sent in is not complete. You will not get a TCC payment beginning _____, the seventh month of your TCC eligibility period, unless you send or bring in a completed Status Report.

If you complete the circled items on the enclosed TCC 85 and send or bring it to your TCC worker, your TCC payments will no longer be delayed or stopped.

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to notify recipient of an incomplete TCC 85. Circle any incomplete items and return the TCC 85 with this NOA.

Fill in the seventh month of the TCC eligibility period.

This NOA must be sent within ten calendar days after the receipt of an incomplete Transitional Child Care (TCC) Status Report (TCC 85).

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

•	Notice Date :	
	Name :	
	Number :	
	Name :	
	Number :	
	Telephone	
	Address :	************
ADDRESSEE)	Out of the control of	
	Questions? Ask your Worker	
į.		
	State Hearing: If you think this action is wrong, you ask for a hearing. The back of this page tells how.	can Voix
	benefits may not be changed if you ask for a hea	iring
	before this action takes place.	·
A State of the Control of the Contro	THE PROPERTY OF THE PROPERTY O	
s of, the County will lower your Transitional	OVERPAYMENT COMPUTATION	
Child Care (TCC) money by \$each month.	Month and Year	
flere's why:	Gross Income \$	
	Family Size	
ou were overpaid \$ You should have gotten	Family Fee \$	
of TCC money, but you got \$	Child's Name	-
	Max. TCC Allowed\$	**********
his notice shows the money you were paid and what you should	Subtotal A	
ave been paid for each month of overpayment. It also shows the	Child Care Cost \$	
otal amount you owe.	Subtotal B	,
	Less Family Fee -	
our monthly TCC payment(s) will be reduced each month, until	Subtotal C \$	
he amount you owe is paid back. If you go off TCC before your		
verpayment is paid back, the County will take action to collect.	TCC Paid \$	
	Less Correct TCC	
you get AFDC, you may ask to have your AFDC grant lowered	(Lesser of Aor C) –	
pay what you owe.	TCC Overpayment\$	
, , , , , , , , , , , , , , , , , , ,	Month and Year	
ou do not have to use any Social Security or SSI benefits you	Terroren Maria Mar	
et to repay this overpayment.	Gross Income \$	
at to ropus, time overpus, menta	Family Size	
you pay by check or money order, send or bring it to:	Family Fee \$	
you pay by check of morely cross, cond or oning it to.	Child's Name	_
	Max. TCC Allowed\$	_
	Subtotal A	
•	Child Care Cost \$	
f you pay by cash, pay in person. Be sure to ask for a numbered	Subtotal B	
eceipt with the County's name on it.	Less Family Fee -	
f you have any questions call your TCC worker.	Subtotal C \$	
you have any questions our your 100 montor.	TCC Paid \$	
VARNING: If you think this overpayment is wrong, this is your	Less Correct TCC	
ast chance to ask for a hearing. The back of this page tells how.	(Lesser of A or C) —	
f you stay on TCC, the County can collect the overpayment by		
owering your monthly benefit. If you go off TCC before the	TCC Overpayment\$	
overpayment is paid back, the County may take what you owe but of your state income tax refund.	MONTHLY ADJUSTMENT	
out of your state income tax fetulio.		
	Overpayment Total (All Months) \$	_
Rules: These rules apply. You may review them at your welfare	Agency Error	
office: MPP 47-190.1, 47-190.2, 47-190.3.	Client Error	
	Monthly Adjustment Amount \$	

Manual Msg. No.: M47-190
Action : Change
Reason: TCC Overpayment
Title: TCC Overpayment

Adjustment

Auto ID No. : Form No. : NA 290
Flow Chart No. : Effective Date : 04/01/90
Source : TCC Revision Date : 08/01/94

Regulation Cite: MPP 47-190.1, 47-190.2, 47-190.3

MESSAGE: As	of	, the	County	will	lower you	ır
Transitional	Child Care	(TCC)	money b	у \$	each	month.

Here's why:

You were overpaid \$____. You should have gotten \$____ of TCC money, but you got \$____.

The following page shows the money you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Your monthly TCC payment(s) will be reduced each month, until the amount you owe is paid back. If you go off TCC before your overpayment is paid back, the County will take action to collect.

If you get AFDC, you may ask to have your AFDC grant lowered to repay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.

If you have any questions, call your TCC worker.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you stay on TCC, the County can collect the overpayment by lowering your monthly benefit. If you go off TCC before the overpayment is paid back, the County may take what you owe out of your state income tax refund.

M47-190 - Page 2

INSTRUCTIONS: Use to notify client of an overpayment and subsequent benefit adjustment. Use with M47-190B, the TCC Overpayment Computation.

Fill in the effective date of the TCC payment change and the reduction amount.

Fill in the amount of the overpayment and the old and new amounts.

Complete the overpayment computation(s) from M47-190B.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date	:	
	Case Name		
	Number	:	
	Worker Name	-	
	Number		
	Telephone		
	Address	:	
		<u> </u>	
(ADDRESSEE)			
		Questions? Ask your Worke	er
,		State Hearing: If you think t	hie action ie wroom vou can
		ask for a hearing. The back of	of this page tells how. Your
!	i	benefits may not be change before this action takes place.	
		before this action takes place.	
MULTI CONTROL (TOO) TOO ON TOO			
While you were getting Transitional Child Care (TCC) money, you were overpaid. Though you no longer get TCC money, you still	OVERP	AYMENT COMPUTATION	
owe us for your overpayment. The amount of your overpayment	Month a	nd Year	
is \$ and is due now.	Gross Ir	ncome \$	
	Family S		
This notice shows the TCC money you were paid and what you	Family F		
should have been paid for each month of overpayment. It also	Child's N	Name	
shows the total amount you owe.		CC Allowed\$	
Circumstance to the TCC manner was much any bank the	Subto	~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	
Since you no longer get TCC money, you must pay back the overpayment or show the County your plan for paying it back	Child Ca	are Cost \$	
within ten calendar days from the date this notice was mailed. If	Subto	= - ,	
you do not, the county will take action to collect.	, 74 A	mily Fee –	
,	Subto	* ************************************	
If you get AFDC, you may ask to have your AFDC grant lowered	TCC Pa	orrect TCC	
to repay what you owe.		of A or C)	
0.110 % 0011 %	TCC Ov	verpayment\$	
You do not have to use any Social Security or SSI benefits you	1.5		
get to repay this overpayment.	Month ar	nd Year	
If you pay by check or money order, send or bring it to:	Gross Inc		
The pay by chook of money cross, control of the grant of	Family S		
	Family F	ee \$	
	Child's N		
If you pay by cash, pay in person. Be sure to ask for a numbered		C Allowed\$	
receipt with the County's name on it.	Subtot Child Ca		
If you have any questions, call your local county welfare office.	Subtot		
in you have any questions, can your local county went to onloc.	Less Far		
WARNING: If you think this overpayment is wrong, this is your	Subtot	-	
last chance to ask for a hearing. The back of this page tells how. Since you have gone off TCC before your overpayment was paid	TCC Pai	d \$	
back, the County may take what you owe out of your state	3A1	rrect TCC	
income tax refund.	(Lesser o		
	TCC Ove	erpayment\$	
	MONTHL	Y ADUSTMENT	
Rules: These rules apply. You may review them at your welfare office: MPP 47-190.1, 47-190.2, 47-190.4.	Overnavr	ment Total (All Months)	\$
OHIGE. WH F 47-130.1, 47-130.2, 47-130.4.		gency Error	**************************************
		lient Error	
	24 - 25	Adjustment Amount	\$

Manual Msg. No.: M47-190A
Action : Demand
Reason: TCC Overpayment
Title: TCC Demand Notice
Form No. : NA 290
Effective Date: 04/01/90

Auto ID No. : Flow Chart No. :

Source : TCC Revision Date : 08/01/94

Regulation Cite: MPP 47-190.1, 47-190.2, 47-190.4

MESSAGE: While you were getting Transitional Child Care (TCC) money, you were overpaid. Though you no longer get TCC money, you still owe us for your overpayment. The amount of your overpayment is \$_____ and is due now.

The next page shows the TCC money you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Since you no longer get TCC money, you must pay back the overpayment or show the County your plan for paying it back within ten calendar days from the date this notice was mailed. If you do not, the County will take action to collect.

If you get AFDC, you may ask to have your AFDC grant lowered to repay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.

If you have any questions, call your local county welfare office.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. Since you have gone off TCC before your overpayment was paid back, the County may take what you owe out of your state income tax refund.

INSTRUCTIONS: Use to notify a former TCC recipient of an overpayment and subsequent demand for repayment. Use with $\underline{\text{M47}}$ -190B, the TCC Overpayment Computation.

Fill in the amount of overpayment.

Complete the overpayment computation(s) from M47-190B.

State of Califo Department of S		A R	Manual Msg Action Meason: T Mitle: T	CC Over	Other payment
Auto ID No. Flow Chart No. Source Regulation Cite	: TCC	E	orm No. ffective evision D	: Date :	04/01/90
OVERPAYMENT COM	PUTATION:				
Month and Year					
Child's Name				-	
Max. TCC Allowed (75th RMR)	d \$SUBTOTAL A	\$ \$		\$	
Actual Child Ca Costs	re \$SUBTOTAL B			\$	<u> </u>
Less Family Fee			····		
	SUBTOTAL C	= \$	international		
TCC Paid Less Correct TC (Lesser of A or					
TCC Overpayment	= \$				÷
MONTHLY ADJUSTM	ΕÑΤ				
Overpayment Tota [] Agency Err [] Client Err	ror ror	\$			
Monthly Adjustme	ent Amount	\$			

INSTRUCTIONS: Use with M47-190 and M47-190A to provide overpayment computation(s).

COUNTY OF

Notice Date Case Name Number

Number Telephone Address STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

(ADDRESSEE)
1
_
You were overpaid Transitional Child Care (TCC) money for the
family for the month(s) of The amount of your
of The amount of your poverpayment is \$ and is due now.
You directly received more TCC money than you were entitled to and the error was your fault.
The amount you were overpaid is figured on this notice.
You must pay back the overpayment or show the County your plan for paying it back within ten calendar days from the the date this notice was mailed. If you do not, the County will take action to collect.
If you pay by check or money order, send or bring it to:
If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.
f you have any questions, call your local county welfare office.
WARNING: If you think this overpayment is wrong, this is your ast chance to ask for a hearing. The back of this page tells how.
Overpayment Month and Year
TCC Payment amount \$
Less Correct TCC Payment -
TCC Overpayment Amount = \$

RULES: These rules apply. You may review them at your welfare office: MPP 47-190.223, 47-190.225

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:	www.waranaan
	minutation

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

State of California Department of Social Services	Manual Msg. No.: M47-190C Action : Demand Reason: TCC Overpayment Title: TCC Overpayment Demand Notice For Child Care Provider						
Auto ID No. : Flow Chart No. : Source : TCC Regulation Cite: MPP 47-190.223, .225	Form No. : NA 290 Effective Date : 08/01/94 Revision Date :						
MESSAGE: You were overpaid Transition for the family for the monamount of your overpayment is \$	th(s) of . The						
Here's why:							
You got more TCC money than you were entitled to get and the error was your fault.							
The amount you were overpaid is figure	ed on this notice.						
You must pay back the overpayment or show the County your plan for paying it back within ten calendar days from the date this notice was mailed. If you do not, the County will take action to collect.							
If you pay by check or money order, s	end or bring it to:						
If you pay by cash, pay in person. B receipt with the County's name on it.	e sure to ask for a numbered						
If you have any questions, call your	local county welfare office.						
WARNING: If you think this overpayme last chance to ask for a hearing. Th how.							
Overpayment Month & Year							
TCC Payment Amount \$ Less Correct TCC Payment TCC Overpayment Amount = \$							
INSTRUCTIONS: Use to notify a child overpayment and the subsequent demand							
Fill in the case name, the appropriat the overpayment.	e month(s) and the amount of						

Complete the overpayment computation(s).

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name Number Worker Name Number Telephone Address		
(ADDRESSEE)		Questions? Ask your Worker	
		State Hearing: If you think this ask for a hearing. The back of benefits may not be changed before this action takes place.	this page tells how. Your
You were underpaid Transitional Child Care (TCC) money for the month(s) of You were underpaid the amount of \$	UNDERPAYM Month and You Child's Name	***************************************	
Here's why:	Max. TCC All (75th percei	owed	<u> </u>
You should have gotten \$ of TCC money, but you got \$	SUBTOTA Actual Child (LA\$	
The amount you were underpaid is figured on this notice.		sts \$	
The County will use any part of this money to help pay for any other child care overpayment amount that you owe before you receive any money.	SUBTOTA Less Family I	· · · · · · · · · · · · · · · · · · ·	
The County will correct the underpayment and send you a check within 20 calendar days from the date the County found you were	SUBTOTA	LC \$	··········
If you have any questions, call your TCC worker.	TCC Amoun Less Correct (Smallest of A TCC Underpa	TCC or C) \$	
	Less Any Ove	ERPAYMENT R ALL MONTHS erpayment Owed PAYMENT AMOUNT	\$ - =\$
•	20		

RULES: These rules apply. You may review them at your welfare office: MPP 47-190.11

Manual Msg. No.: M47-190D
Action : Change
Reason: TCC Underpayment
Title: TCC Underpayment

Adjustment

Auto ID No. : Flow Chart No. :

Form No. : NA 290 Effective Date : 08/01/94

Revision Date :

Source : TCC
Regulation Cite : MPP 47-190.11

MESSAGE: You were underpaid Transitional Child Care (TCC) money for the month(s) of _____. You were underpaid the amount of \$____.

Here's why:

You should have gotten \$_____ of TCC money, but you got \$_____.

The amount you were underpaid is figured on this notice.

The County will use any part of this money to help pay for any other child care overpayment amount that you owe before you receive any money.

The County will correct the underpayment and send you a check within 20 calendar days from the date the County found you were underpaid.

If you have any questions, call your TCC worker.

INSTRUCTIONS: Use to notify client of an underpayment. <u>Use with the M47-190E</u>, the <u>TCC Underpayment Computation</u>.

Fill in the underpayment month(s) and the total amount of the underpayment.

Fill in correct amount and the amount issued.

Complete the underpayment computation(s) from M47-190E.

State of Califor Department of So			Manual Msg. No.: Maction : O Reason: TCC Under Title: TCC Under Computation	ther payment		
Auto ID No. :				A 200		
Source : Regulation Cite:			Revision Date :	5/01/94		
UNDERPAYMENT COM	PUTATION					
Month and Year _	The state of the s					
Child's Name(s)		***************************************				
Max. TCC Allowed (75th percentile	e) SUBTOTAL A	\$	\$			
Actual Child Care	e Costs	\$	-			
	SUBTOTAL B		\$			
Less Family Fee						
	SUBTOTAL C		\$			
TCC Amount Paid Less Correct TCC (Lesser of A or	C)	\$	•			
TCC Underpayment		\$				
TOTAL UNDERPAYMENT AMOUNT FOR ALL MONTHS Less Any Overpayment Owed TCC UNDERPAYMENT PAYMENT AMOUNT = \$						

INSTRUCTIONS: Use with M47-190D to provide underpayment computation to client.

Complete the underpayment computation.

County was right in cutting the amount of your TCC benefits, you

will have to pay back the extra TCC you get.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Data Case Name	
	Number Worker Name	
	Number	
	Telephone	
	Address	
(ADDRESSEE)		
		Questions? Ask your Worker
	AMANA MANTINA	
		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
		
As of, the County is changing your Transitional		
Child Care (TCC) benefits from \$		
to \$		
Here's why:		
You said you do not agree with the cut in the amount of your TCC that the County told you about and you asked for a State Hearing. Since you asked for the hearing before the amount of your TCC was cut, you will get the old amount of TCC.		
If you lose your State Hearing and the hearing decision says the		

Auto ID No. : Flow Chart No.:

Source : TCC

Regulation Cite: Division 22-022

Manual Msg. No.: M47-APP1
Action : Change
Reason: State Hearing
Title: Aid Paid Pending
Form No. :NA290
Effective Date :08/01/94

Revision Date :

MESSAGE: As	of		, the	County	is	chan	ging	your
Transitional	Child	Care	(TCC)	benefit	ts :	from	\$	_
to \$.	•		•					

Here's why:

You said you do not agree with the cut in the amount of your TCC that the County told you about and you asked for a State Hearing. Since you asked for the hearing before the amount of your TCC was cut, you will get the old amount of TCC.

If you lose your State Hearing and the hearing decision says the County was right in cutting the amount of your TCC benefits, you will have to pay back the extra TCC you get.

INSTRUCTIONS: Use to notify the household of Aid Paid Pending the State Hearing filed due to a reduction in TCC benefits.

Fill in the date of the action and the old and new TCC amounts.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name	
	Number Worker Name	:
	Number	
	Telephone	
	Address	
(ADDRESSEE)		Questions? Ask your Worker
		Questions: Ask your worker
		State Hearing: If you think this action is wrong, you ca ask for a hearing. The back of this page tells how. You benefits may not be changed if you ask for a hearing before this action takes place.
As of, the County is placing you back on the	操品	
Transitional Child Care (TCC) Program.		•

Here's why:

You said you do not agree with the County stopping your TCC and you asked for a State Hearing. Since you asked for the hearing before the amount of your TCC stopped, you will get TCC but only until the end of your TCC eligibility period.

If you lose your State Hearing and the hearing decision says the County was right in stopping your TCC, you will have to pay back the extra TCC you get.

Auto ID No. : Flow Chart No.:

Source : TCC

Regulation Cite: Division 22-022

Manual Msg. No.: M47-APP2 Action : Restore

Reason: State Hearing
Title: Aid Paid Pending
Form No. :NA290

Effective Date :08/01/94

Revision Date :

MESSAGE: As of _____, the County is placing you back on the Transitional Child Care (TCC) Program.

Here's why:

You said you do not agree with the County stopping your TCC and you asked for a State Hearing. Since you asked for the hearing before your TCC stopped, you will get TCC but only until the end of your TCC eligibility period.

If you lose your State Hearing and the hearing decision says the County was right in stopping your TCC, you will have to pay back the extra TCC you get.

INSTRUCTIONS: Use to notify the household of Aid Paid Pending the State Hearing filed due to the discontinuance of TCC benefits.

Fill in the date of the action.